PTO/SB/17 (01-06)

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	Complete if Known					
Free pure 5 to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number 10/792,193					
FEE TRANSMITTAL	Filing Date	March 3, 2004				
For FY 2006	First Named Inventor	Debecker				
171	Examiner Name Castellano					
✓ Applicant claims small entity status. See 37 CFR 1.27	cant claims small entity status. See 37 CFR 1.27 Art Unit 3727					
TOTAL AMOUNT OF PAYMENT (\$) 50.00	Attomey Docket No.	o. VE.11 496/C				
METHOD OF PAYMENT (check all that apply)	METHOD OF PAYMENT (check all that apply)					
Check Credit Card Money Order None Other (please identify):						
Deposit Account Deposit Account Number: 19-5117 Deposit Account Name: Swanson & Bratschun LLC						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
Charge any additional fee(s) or underpayments of fe	=	•				
under 37 CFR 1.16 and 1.17		• •	edit card			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
FILING FEES SEAF Small Entity	RCH FEES EXA Small Entity	MINATION FEES Small Entity				
Application Type Fee (\$) Fee (\$)		(\$) Fee (\$) Fe	ees Paid (\$)			
Utility 300 150 500	250 20	0 100				
Design 200 100 100	50 13	0 65				
Plant 200 100 300	150 16	0 80				
Reissue 300 150 500	250 60	0 300				
Provisional 200 100 0	0	0 0				
2. EXCESS CLAIM FEES Fee Description Small Entity Fee (\$) Fee (\$)						
Each claim over 20 (including Reissues)			25			
Each independent claim over 3 (including Reissues) Multiple dependent claims	200 10 360 18	-				
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims			-			
	50.00	Fee (\$) Fe	e Paid (\$)			
HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)						
3 -3 or HP = 0 x 100 = 0						
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer						
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof 100 =						
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)						
Other (e.g., late filing surcharge):						
CHARLETTE DV						

SUBMITTED BY	2/		
Signature	17 Maloc	Registration No. (Attorney/Agent) 32,966	Telephone 303-268-0066
Name (Print/Type	Thomas D. Bratschun		Date April 23, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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APR 27 2006

Docket: VE.11 496/C

THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:

DEBECKER

EXAMINER: Castellano

SERIAL NO.:

10/792,193

ART UNIT: 3727

FILED:

March 3, 2004

CONFIRMATION NO.: 4924

FOR:

FIBRE-REINFORCED PRESSURE

VESSEL AND METHOD OF MANUFACTURING FIBRE-

REINFORCED PRESSURE VESSEL

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT.

Sir:

In response to the office action mailed March 24, 2006 for the above referenced application, Applicants request entry of the following amendments and consideration of the following remarks:

AMENDMENTS TO THE CLAIMS begin on page 2 and are reflected in the listing of the claims; and

REMARKS begin on page 6.

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37 CFR 1.8 CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 24, 2006.

Signature: Name:

Veronica Doucet